

HERNDON VIRGINIA POLICE YOUTH POLICE ACADEMY



If you are between 14 – 17 years of age...

“Character Counts”

If you are interested in law enforcement, our community and

Want to learn your role in community policing...

SIGN UP TODAY!

The Academy will be held on Tuesdays
Sept 12Th thru Nov 14Th, 2006
5 p.m. to 7 p.m.

The fee is \$10, scholarships available

For more information, contact
Spo. G.Warren Brathwaite
(703) 435-3134

Class limit is 25 students
First come, first serve basis

Herndon Virginia Police
397 Herndon Pkwy
Herndon, Virginia 20170

**HERNDON VIRGINIA POLICE
YOUTH POLICE ACADEMY
Application for Enrollment**

Applications must be completed in ink and signed. Must be 14 – 17 years of age to apply. Please print.

Name: _____ Date of Birth: _____
Last First MI

Address: _____
Street City Zip

Social Security: _____ Sex: _____ Race: _____

Driver's license #: _____ State: _____ Exp: _____

Home phone: _____ Work phone: _____

Place of Employment: _____ Address: _____

Have you ever been convicted of any felony? _____

Have you ever been arrested, convicted or charged with any offense other than minor traffic offenses? If yes, please explain in detail include what action was taken against you: _____

Name, Address and phone numbers for two character references:

1. _____

2. _____

How did you hear about the Youth Police Academy and why do you wish to attend?

Fee Received _____
Date Check #

HERNDON VIRGINIA POLICE
YOUTH POLICE ACADEMY

*Emergency Authorization
For*

Juvenile's name

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above named child whose health history appears on the reverse side if needed. This form may be photocopied for use during the program.

Signature of parent or guardian

Date

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*Waiver of Civil Liability  
Youth Police Academy*

Date: \_\_\_\_\_

I hereby waive any and all claims and demands of whatever nature which I have or may hereafter acquire against the Town of Herndon, its officers, the Youth Police Academy, its officers and agents, as a result of my permission for my child's participation in the Youth Police Academy on the date and time specified: between the hours of 5:00 p.m. and 7 p.m. from Sept 12<sup>th</sup> to Nov 14<sup>th</sup>, 2006. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

Parent/Guardian's Name: \_\_\_\_\_

Please Print

Please sign

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2006

# HERNDON VIRGINIA POLICE YOUTH POLICE ACADEMY RULES

1. Each participant must complete an application and have a parent/guardian sign a parental permission authorization. Applications will be reviewed for approval of attendance.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the training sessions. Absences from more than two sessions will prevent a participant from graduating.
3. Participants are expected to dress in appropriate attire. No shorts or tank tops are permitted. Jeans are permitted as long as they are clean, have no holes, cuts, etc. T-shirts are permitted as long as they are clean, no holes, tears, cuts and if they are imprinted, the imprint must be in good taste. Any t-shirt with foul language, in poor shape or is offensive in any manner will not be allowed. The instructors reserve the right to request the student leave the classroom. The student may change and return that day if possible.
4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives, pocketknives, any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the academy.
5. Participants shall be polite and respectful of all instructors, police officers, other adults and students during class.
6. It is important that class start on time and there are as few disruptions as possible, therefore, any student more than 10 minutes late may be dismissed from attending that session by the instructor (it's the option of each individual instructor).

I certify that I understand the requirements of participating in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Your name as you wish it to appear on the certificate: \_\_\_\_\_  
Please print

T-Shirt size : SMALL      MEDIUM      LARGE      X-LARGE  
(please circle one)

# HERNDON VIRGINIA POLICE YOUTH POLICE ACADEMY

***Purpose:***

The goal of the Academy is to eliminate misconceptions between the youth and police, promote a greater sense of unity and encourage youth to enter the field of law enforcement.

***Format:***

The Academy runs for eight sessions on Tuesdays from 5:00 p.m. to 7:00 p.m.

***Location:***

The Academy is held at the Herndon Police facility, located at:  
397 Herndon Pkwy Herndon, Virginia 20170.

***Topics Covered:***

- ? Polygraphs
- ? Traffic enforcement and DWI'S
- ? K-9
- ? Forensics and evidence collection
- ? Investigations
- ? Careers in Law Enforcement

***Qualifications:***

- ? Must be 14 to 17 years of age during the academy.
- ? Class is limited to 15 students, first come, first served

***Registration Information: (no packets will be faxed)***

- ? For more information or a registration packet, please contact:

Spo. G.Warren Brathwaite  
Herndon Police  
397 Herndon Pkwy  
Herndon, Virginia 20170  
(703) 435-3134

- ? Fee is \$10 per student, scholarships available  
(checks should be make out to the Herndon Explorer Post #1750)

# HERNDON VIRGINIA POLICE YOUTH POLICE ACADEMY

## EVALUATIONS

**CLASS TOPIC:** \_\_\_\_\_

Please rate the following on a scale of 1 – 5 (5 being highest)

Instructors \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_

Course Content \_\_\_\_\_

Do you think this topic was beneficial? Yes or No \_\_\_\_\_

Why? \_\_\_\_\_

Do you think this should be offered again? Yes or No \_\_\_\_\_

Why? \_\_\_\_\_

Is there anything you would change about this presentation? \_\_\_\_\_

\_\_\_\_\_

Any additional comments \_\_\_\_\_

\_\_\_\_\_

Thank you

HERNDON VIRGINIA POLICE  
YOUTH POLICE ACADEMY

HEALTH FORM

(this form must be filled out completely)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Home phone \_\_\_\_\_

Home Address \_\_\_\_\_

Parent or Guardian's Work Number: \_\_\_\_\_

If not available in case of emergency, notify: \_\_\_\_\_  
Name and phone number

Name of person carrying insurance: \_\_\_\_\_

Name of Insurance company \_\_\_\_\_

Insurance I.D. and Group Number \_\_\_\_\_

Physician's Name and Number: \_\_\_\_\_

Does student have any allergies? \_\_\_\_\_ If yes, what: \_\_\_\_\_

Describe reaction to allergy and how is it treated: \_\_\_\_\_  
\_\_\_\_\_

Is any physical activity to be limited? \_\_\_\_\_  
\_\_\_\_\_

Is there any other illness/injury that we should know about? \_\_\_\_\_  
\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Name of Witness (please print): \_\_\_\_\_